

Massachusetts Special Legislative Commission on Postpartum Depression (PPD)
Monday, June 18, 6:30-8:30 PM
Auditorium B, Autumn Street Building, Children's Hospital Boston

Minutes

Commissioners present: Representative Ellen Story (Chair); Dr. Lee Cohen; Kara Cotich; Karin Downs; Liz Friedman; Mary Elizabeth Gamache; Dr. Gordon Harper; Dr. Julie Johnston; Peggy Kaufman; Commissioner Sherri Killins; Dr. Monica Le; Dr. Claire Levesque; Neal Michaels; Dr. Tiffany Moore Simas; Dr. Alison Schonwald; Dr. Joshua Sparrow; Eileen Terlaga; Lisa Waxman; Dr. Michael Yogman.

Commissioners absent: Sen. Thomas McGee (Chair); Karen Crowley; Rep. Kimberly Ferguson; Sen. Jennifer Flanagan; Dr. Janice Goodman; Mary McKendry; Sen. Richard Moore; Rep. James O'Day; Dr. Donna O'Shea; Rep. Denise Provost; Sen. Richard Ross; Rep. Tom Sannicandro; Nancy Schwartz; Dr. Jayne Singer.

Subcommittee members present: Beth Buxton; Margaret Hannah; Chris Just; Dr. Howard King; Dr. Ruth Paris.

Speakers present: Dr. Nancy Byatt.

Staff members present: Jessie Colbert, aide to Rep. Story; Caitlin Sullivan, intern to Rep. Story; Semira Semino-Asaro, intern to Sen. Moore.

Members of the public were also present.

1. Welcome; Approval of Minutes

Rep. Ellen Story welcomed Commission members and other attendees. Commissioners approved the minutes from the March meeting.

2. Update on PPD Screening and Treatment and Health Reform Legislation

Rep. Story described her work to try to get PPD screening and treatment included as a quality measure in both the House and Senate versions of recently-passed health reform legislation. She was not able to get it included, primarily because the bills did not encompass such specific health care recommendations. She explained that there may still be an opportunity to include PPD screening and treatment in health reform measures, as a quality measure recommended by the Department of Public Health (DPH).

3. Presentation and Discussion of Potential End-of-Year Proposal: Pilot Program and Statewide Educational/Referral Materials

Subcommittee Update

Peggy Kaufman updated the Commission on the Subcommittee Chairs' meeting. She described the Chairs' discussion of Rep. Story's suggestion that the Commission recommend a pilot program and the development of statewide educational and referral materials as its end-of-year proposal. Peggy also explained that the Commission may want to revisit its committee structure, because of significant overlap in the work of the Public Education, Professional Education, and Referrals Subcommittees. She

discussed the importance of local infrastructure to the success of any pilot program, and shared some of the Chairs' discussion of using technology to educate families and providers about PPD.

Dr. Nancy Byatt

Rep. Story then introduced Dr. Nancy Byatt from UMass Memorial Medical Center, to discuss her PPD screening and treatment research projects, and potential opportunities for her and the Commission to learn from and collaborate with one another. Dr. Byatt described two of her projects: implementing – and studying the outcomes of – components of MotherWoman's Community-Based Perinatal Support Model (CBPSM) in a clinic in Worcester; and, studying the use of a MCPAP-like model (a program like the Mass. Child Psychiatry Access Project, where pediatricians screen mothers with immediate phone backup from psychiatrists), with a focus on integrating screening into regular office flow and demonstrating the feasibility of doing something similar on a larger scale. Dr. Byatt explained that she was seeking grant funding for both projects (for the latter, a K award from the National Institutes of Health). She answered a number of questions from Commissioners about these projects, including on educating and motivating providers, community buy-in, and following up on referrals.

Community-Based Perinatal Support Model

Liz Friedman answered some additional questions about CBPSM, since it was developed by her organization, MotherWoman. She described how the model engages moms in screening (*all* staff are involved, beginning with front desk staff, to destigmatize the issue). In response to questions about whether the model is replicable in different settings, she described how MotherWoman has worked on community and institutional engagement in very different settings, from Berkshire County to Springfield (where they are confronting issues of cultural diversity, poverty, and violence).

Additional Discussion of a Commission Pilot Program

Commissioners then discussed the key features of a good pilot program. It would need to be both effective and replicable in many settings, from a large urban hospital like Boston Medical Center to rural areas. The group also discussed how we could best measure the efficacy of a pilot, such as measuring the rate women are getting from screening to treatment and/or moms' self-rating of mood. They then talked about what role the Commission might play in the pilot (should we offer our own RFP? Just support existing pilot programs?).

Dr. Alison Schonwald and others suggested that we develop a map of the state overlaid with information on screening and the availability of different services (clinicians, support groups). The group was very supportive, and Commission staff said they would begin to develop this.

4. Report from the Department of Public Health

Beth Buxton provided an update on DPH's work on PPD. They have identified a service code for providers to report on screening, and their PPD website is up and running, including information for providers. Members were enthusiastic about these new resources.

5. Update on Annual Report to the Governor and Legislature

This item was tabled so the meeting could end promptly. [Members received separate communication about the report, the final version of which will be distributed with these minutes.]

6. Discussion of Next Steps

Commissioners decided that further development of a pilot program and decisions on other Commission recommendations should be postponed until after we have developed the map of screening and services, so that gaps in services are apparent. Staff will work on this map and update the Commission.

The meeting was adjourned.